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In re application of

Nobuya ITOH, et al.

Appln. No.: 10/617,034

Group Art Unit: Unknown

Confirmation No.: Unknown

Examiner: Unknown

Filed: July 11, 2003

For: PROCESS FOR PRODUCING 3-HYDROXYCYCLOHEXANONE

PAPER(S) FILED ENTITLED:

1. Submission of Executed Declaration (in duplicate) with a copy of the executed Declaration and Power of Attorney, and \$130.00 Check
2. Copy of an executed Assignment with PTO Form 1595 and \$40.00

SUGHRUE MION, PLLC

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DOCKET NO.: Q76481

ATTORNEY/SEC: JFO/ecb

Date Filed: October 15, 2003

WASHINGTON OFFICE

23373

CUSTOMER NUMBER





PATENT APPLICATION

UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q76481

Nobuya ITOH, et al.

Appln. No.: 10/617,034

Group Art Unit: Unknown

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SUBMISSION OF EXECUTED DECLARATION

FILED
OCT 15 2003

MAIL STOP MISSING PARTS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

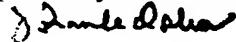
In view of the application filed on July 11, 2003 without the appropriate executed documents, and since Applicant's attorney has not yet received the "Notice to File Missing Parts of Nonprovisional Application filed under 37 CFR 1.53(b) - Filing Date Granted," for the above application, Applicant submits herewith a copy of the Declaration for the above identified application properly executed by the inventors.

A check for the statutory fee of \$130.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to

ITOH et al.
Appln. No. 10/617,034
Submission of Executed Declaration

Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this paper is attached.

Respectfully submitted,



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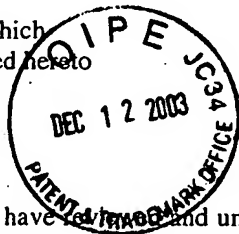
Date: October 15, 2003

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PRODUCING 3-HYDROXYCYCLOHEXANONE

the application of which
☐ is attached hereto



OR

☒ was filed on July 11, 2003 as United States Application Number or PCT International Application Number _____ (Confirmation No. _____), and was amended on _____ (if applicable).

I hereby state that I have read and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)
2002-205207

Country
JAPAN

Foreign Filing Date
Jul. 15, 2002

Priority Claimed	
Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

I hereby appoint all attorneys of **SUGHRUE MION, PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



23373

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:				
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Inventor's Signature			Date	
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Inventor's Signature			Date	
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Inventor's Signature			Date	
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City	State	Zip	Country	
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Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
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Mailing Address:				
City	State	Zip	Country	
NAME OF FIFTH INVENTOR:				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	Zip	Country	